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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:



Practitioners associated with the Customer Number:

25885

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Assignee Name and Address:

Eli Lilly and Company

Patent Division

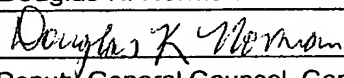
PO Box 6288

Indianapolis, Indiana 46206-6288

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Name	Douglas K. Norman		
Signature		Date	10 August 2004
Title	Deputy General Counsel, General Patent Counsel	Telephone	317-433-1651

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

- ☒ Declaration Submitted with Initial Filing
☐ Declaration Submitted after Initial Filing

Attorney Docket Number	X-16327
First Named Inventor	Traci Jo Barron
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FIXED DOSE MEDICATION DISPENSING DEVICE

the specification of which
☐ is attached hereto
 OR

☒ was filed on 10/15/2004 as United States Application Number or PCT International
 (MM/DD/YYYY)

Application Number PCT/US04/32304 and was amended on (If applicable).
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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional applications(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/511,735	10/16/2003	

**DECLARATION**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Robert A. Armitage	27,417
Brian P. Barrett	39,597
Michael T. Bates	34,121
Roger S. Benjamin	27,025
Gary M. Birch	48,881
William R. Boudreaux	35,796
Steven P. Caltrider	36,467
Paul R. Cantrell	36,470
John Cleveland	50,637
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Thomas E. Jackson	33,064
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Gerald P. Kelleher	43,707
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James P. Leeds	35,241
Nelson L. Lentz	38,537
Elizabeth A. McGraw	44,646
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Edward Prein	37,212
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Alexander Wilson	45,782
Mark A. Winter	53,782
MaryAnn Wiskerchen	45,511
Dan L. Wood	48,613

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Direct all correspondence to:

Name	ELI LILLY AND COMPANY				
Address	ATTN: Edward J. Prein				
Address	Patent Division, P.O. Box 6288				
City	INDIANAPOLIS	State	INDIANA	ZIP	46206-6288
Country	US	Telephone	(317) 433-9371	Fax	(317) 276-3861

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor				
Given Name	Traci	Middle Name	Jo	Family Name	Barron	Suffix e.g. Jr.
Inventor's Signature					Date	11/29/04
Residence: City	Chicago	State	IL	Country	US	Citizenship
Address		1621 West North Avenue Unit 3W				
Post Office Address		SAME AS ABOVE				
City	Chicago	State	IL	Zip	60622	Country
City		Chicago	State	IL	Zip	60622

☒ Additional Inventors are being named on supplement sheet(s) attached hereto.

Please type a plus sign (+) inside this box



PTO/SB/01 (8-96) (MODIFIED)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A Petition has been filed for this unsigned inventor			
Given Name	Andrew	Middle Name	Christopher	Family Name	Burroughs	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Kenosha	State	WI	Country	US	Citizenship	US
Address	7404 7 th Avenue						
Post Office Address	SAME AS ABOVE						
City	Kenosha	State	WI	Zip	53143	Country	US

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Given Name	David	Middle Name	William	Family Name	Hixson	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Longmont	State	CO	Country	US	Citizenship	US
Address	2358 Eagleview Circle						
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Application Number(s)

60/511,735

Filing Date (MM/DD/YYYY)

10/16/2003

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Given Name **Traci** Middle Name **Jo** Family Name **Barron** Suffix e.g. Jr.

Inventor's Signature Date

Residence: City **Chicago** State **IL** Country **US** Citizenship **US**

Address **1621 West North Avenue Unit 3W**

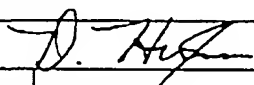
Post Office Address **SAME AS ABOVE**

City **Chicago** State **IL** Zip **60622** Country **US**

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Inventor's Signature						Date	
Residence: City	Kenosha	State	WI	Country	US	Citizenship	US
Address	7404 7 th Avenue						
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Given Name	David	Middle Name	William	Family Name	Hixson	Suffix e.g. Jr.	
Inventor's Signature						Date	15 Nov 2004
Residence: City	Longmont	State	CO	Country	US	Citizenship	US
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